PATELIT ADI		DETERMINATION	
	JI 16°A T163KI EEE	TAL LL DRAIRIA LIVA	a bernon

Effective October 1, 2001

Application or Docket Number

81862P253

(Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		40		(Ooldmir 2)			RATE FEE			RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		-	SIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			د/ (minus 20=		*, 28		T	<b>(\$ 9</b> =	- · · · · · · · · · · · · · · · · · · ·	OR	X\$18=	104-
INE	DEPENDENT CL	_AIMS	7 minus 3 =		* 4			X42=		OR	X84=	)
MULTIPLE DEPENDENT CLAIM PRESENT							$\vdash$			1 1		336.
* If	the difference	in column 1 is	ess than zero, enter "0" in column 2		<u> </u>	140=		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2							Т	OTAL		OR	TOTAL	1280.
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							s	MALL E	ENTITY	OR	OTHER SMALL I	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=	>	<b>(\$ 9=</b>		OR	X\$18=	
AME	Independent	*	Minus	***		-	\( \)	<b>K42</b> =		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+	140=		OR	+280=	
							<b>L</b> ∆DE	TOTAL		OR	TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3)												
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	×	(\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	· · ·	=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>(42=</b>		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	ENDEN	CLAIM			140=			+280=	<u></u>
							L	TOTAL		OR	TOTAL	
	•			(O = l	O\	(O = 1: = 0)	ADD	OIT. FEE		OR	ADDIT. FEE	
ENTC		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colui HIGH NUM PREVIO PAID	IEST IBER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=-	X	(42=		OR	X84=	
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDEN	TCLAIM							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											